Study number: | Date of inclusion: ____/____/___

SURGERY CRF

Name first surgeon	_____	_____	
Name second surgeon	_____	_____	
Date arrival in operating room	___/___/_____	Time arrival in operating room	___:___
Date start anesthesia	___/___/_____	Time start anesthesia	___:___

Procedure

Date start intervention (first incision)	___/___/_____	Time start intervention (first incision)	___:___
Date end intervention (skin closure)	___/___/_____	Time end intervention (skin closure)	___:___
Surgery performed in a hybrid OR	□ No □ Yes □ Unknown		
Device for ICH removal used	□ Artemis®, Penumbra Inc. □ Other: _____		
Neuro-navigation used	□ Brainlab □ Medtronic (StealthStation™)		
Endoscope used	□ LOTTA® (Karl Storz) □ MINOP® (B Braun)		
Irrigation solution used	□ Lactated Ringer's □ Sterofundin □ Other: _____	Estimated amount of irrigation solution used _____ mL	
Number of cannisters used	_____ cannisters		
Conversion to craniotomy	□ No □ Yes		
Endoscopic clot appearance	□ Liquefied clot □ Both liquefied and fibrous clot □ Fibrous clot		
Active bleeding during surgery	□ No □ Yes:	If Yes, specify treatment:	
Specify: Focal bleeding	□ No □ Yes	□ Bleeding control by irrigation only	
Diffuse bleeding	□ No □ Yes	□ Bleeding control by electrocautery □ Bleeding control by adjunct hemostatic agent (Floseal®)	
Estimated percentage ICH volume reduction		_____%	
External ventricular drain (EVD) placement		□ No □ Yes	
Surgery resumed or restarted after residual hemorrhage on post-operative control NCCT?		□ No □ Yes	
Per-procedural complications	□ No □ Yes:	If Yes, **please fill out (SA)E form** and specify:	
		Seizure(s)	□ No □ Yes
		Hemodynamic instability	□ No □ Yes
		Device deficiency	□ No □ Yes
		Other: _____	

Lowest blood pressure during surgery *(blood pressure during induction and termination of anesthesia excluded)*
Systolic blood pressure _____ mm Hg | Diastolic blood pressure _____ mm Hg

Highest blood pressure during surgery *(blood pressure during induction and termination of anesthesia excluded)*
Systolic blood pressure _____ mm Hg | Diastolic blood pressure _____ mm Hg

Perioperative medication administration

Anticoagulant/coagulopathy reversal agents:			
Platelet transfusion	□ No □ Yes:	time of administration: ___:___	
Tranexamic acid	□ No □ Yes:	time of administration: ___:___	
Desmopressin (DDAVP®)	□ No □ Yes:	time of administration: ___:___	
Other (e.g. erythrocyte transfusion, fibrinogen, fresh frozen plasma)	□ No □ Yes:	Specify: _____ time of administration: ___:___	
Intracranial pressure lowering drugs:			
Hypertonic saline	□ No □ Yes:	time of administration: ___:___	
Mannitol	□ No □ Yes:	time of administration: ___:___	
Dexamethasone	□ No □ Yes:	time of administration: ___:___	Dosage ___.___ mg

NB: Check whether given by anesthesiologist at induction of anesthesia

Other study procedures

Did you perform a non-contrast CT-scan directly after surgery?	□ No □ Yes
Did you collect a hematoma aspirate sample for the CONTRAST Biobank? *(DIST-INFLAME sub-study only)*	□ No □ Yes □ NA

(S)AE Check after surgery

Did the patient experience one or more (serious) adverse (device) event(s) during surgery?	□ No □ Yes **(if yes, please complete (S)AE form(s))**